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<b>NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES</b>		Docket Number (Optional) <b>Boer-10-6-6-6</b>							
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Assistant Commissioner for Patents, Washington D.C. 20231" on _____  Signature _____ Typed or printed name _____		In re Application of <b>Boer et al.</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Application Number <b>10/562,619</b></td> <td style="width: 50%; padding: 2px;">Filed <b>May 26, 2006</b></td> </tr> <tr> <td colspan="2" style="padding: 2px;">For <b>Methods and Apparatus for Backwards Compatible Communication in a Multiple Input Multiple Output</b></td> </tr> <tr> <td style="padding: 2px;">Group Art Unit <b>2473</b></td> <td style="padding: 2px;">Examiner <b>Candal Elpenord</b></td> </tr> </table>		Application Number <b>10/562,619</b>	Filed <b>May 26, 2006</b>	For <b>Methods and Apparatus for Backwards Compatible Communication in a Multiple Input Multiple Output</b>		Group Art Unit <b>2473</b>	Examiner <b>Candal Elpenord</b>
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<p>Applicant hereby <b>appeals</b> to the Board of Patent Appeals and Interferences from the last decision of the examiner.</p> <p>The fee for this Notice of Appeal is (37 CFR 1.17(b)) <span style="float: right;">\$ <u>Previously</u> Paid</span></p> <p> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____.         </p> <p> <input type="checkbox"/> A check in the amount of the fee is enclosed.         </p> <p> <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.         </p> <p> <input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.         </p> <p> <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>50-0762</u>. I have enclosed a duplicate copy of this sheet.         </p> <p> <input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.         </p> <p style="text-align: center;"><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>I am the</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> applicant/inventor.   <input type="checkbox"/> assignee of record of the entire interest.            See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)   <input checked="" type="checkbox"/> attorney or agent of record.   <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a).            Registration number if acting under 37 CFR 1.34(a): _____         </td> <td style="width: 50%; vertical-align: top; text-align: center;"> <u>/Kevin M. Mason/</u>            Signature   <u>Kevin M. Mason</u>            Typed or printed name   <u>February 1, 2011</u>            Date         </td> </tr> </table> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p>				<input type="checkbox"/> applicant/inventor.  <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  <input checked="" type="checkbox"/> attorney or agent of record.  <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a): _____	<u>/Kevin M. Mason/</u> Signature  <u>Kevin M. Mason</u> Typed or printed name  <u>February 1, 2011</u> Date				
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<input type="checkbox"/> *Total of _____ forms are submitted.									

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.